

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027660

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 183

STATE FILE NUMBER

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY		c. CITY OR TOWN NORTH KANSAS CITY	
Length of stay in 1b 30 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.K.C. MEMORIAL HOSP		d. STREET ADDRESS (If outside, give location) 1026 EAST-23RD AVE	
3. NAME OF DECEASED (Type or print) JOHNNIE SIMMONS		4. DATE OF DEATH Month 7 Day 30 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-4-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY U.S. GYPSUM CO.	11. BIRTHPLACE (City and state or country) EMDEN, MA.
13a. FATHER'S NAME GEORGE SIMMONS		14. NAME OF HUSBAND OR WIFE BERTHA SIMMONS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. BERTHA SIMMONS 1026 E-23 AVE	
19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Respiratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hepatic Coma DUE TO (b) Biliary Cirrhosis DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 5min 5 day 2 yrs		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 7:10 a.m. 7-30-63 Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from May 6 1963 to July 30, 1963 last saw him alive on 7-30-63		Death occurred at 7:10 am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Donnell (Degree or title)		22b. ADDRESS 2025 Swift NKC 14 Mo	
22c. DATE SIGNED 7-30-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-1-1963	
23c. NAME OF CEMETERY OR CREMATORY BAPT. CHURCH-CENT.		23d. LOCATION (City, town, or county) EMDEN, MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS N.K.C.		25. DATE RECD. BY LOCAL REG. 7-30-63	
26. REGISTRAR'S SIGNATURE Marguerite Hudgens			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 7 1963

AUG 23 1963

FEB 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No.

5040

P. O. Address

No. Kan City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.